

BFMA BIRTHDAY PARTY AGREEMENT

Date of Party: _____ Time of Party: _____

Location: Bainbridge Family Martial Arts Academy, Bainbridge Island WA.

Name Of Child: _____ Age: _____

Phone Number: _____

Address: _____

Guardian Name: _____

Emergency Number: _____

Initial Non-Refundable deposit: \$ 50.00 (Please include check or call in CC number)

Additional Options Selected or Notes:

Amount Paid: _____ Date: _____

Balance Due: _____

Bainbridge Family Martial Arts Academy will provide a qualified leader and the use of its training facilities for a period not to exceed 1 1/2 hours of time. Guardian or Parent will provide all additional party supplies and agrees to abide by the rules and regulations of Family Martial Arts. Guardian or parent agrees that signature on this contract constitutes a nonrefundable and binding agreement between Family Martial Arts and the Parent/Guardian. Furthermore, the Parent/Guardian agrees to absolve Family Martial Arts and it's employees and representatives from and costs or damages arising from and injuries and or liabilities suffered on these premises. It is understood the Parent/Guardian must provide Family Martial Arts with signed permission slips and or waivers from all participants, parents or guardians.

Signed: _____ Date: _____

Please address and send to:

BFMA Birthday Application
7865 NE Day Road West Building B
Bainbridge Island, WA 98110